

**CHAPTER 8****NEW JERSEY VETERANS' TRANSITIONAL  
HOUSING PROGRAM (VETERANS'  
HAVEN)****Authority**

P.L. 1988 c.444, N.J.S.A. 38A:3-2.2, 38A:3-6(o)  
and (u) and 38A:3-6.4.

**Source and Effective Date**

R.2006 d.190, effective May 15, 2006.  
See: 38 N.J.R. 41(a), 38 N.J.R. 2125(a).

**Chapter Expiration Date**

Chapter 8, New Jersey Veterans' Transitional Housing Program (Veterans' Haven), expires on May 15, 2011.

**Chapter Historical Note**

Chapter 8, New Jersey Veterans' Transitional Housing Program (Veterans' Haven), was adopted as R.2000 d.77, effective March 6, 2000. See: 31 N.J.R. 2838(a), 32 N.J.R. 795(b). Chapter 8, New Jersey Veterans' Transitional Housing Program (Veterans' Haven), expired March 6, 2005.

Chapter 8, New Jersey Veterans' Transitional Housing Program (Veterans' Haven), was adopted as new rules by R.2006 d.190, effective May 15, 2006. See: Source and Effective Date.

**CHAPTER TABLE OF CONTENTS****SUBCHAPTER 1. GENERAL PROVISIONS****5A:8-1.1 Purpose****SUBCHAPTER 2. DEFINITIONS****5A:8-2.1 Definitions****SUBCHAPTER 3. PROGRAM ADMISSION POLICY**

- 5A:8-3.1 Admission eligibility criteria
- 5A:8-3.2 Preapproval screening
- 5A:8-3.3 Rejection
- 5A:8-3.4 Waiting list

**SUBCHAPTER 4. PROGRAM DISCHARGE POLICY**

- 5A:8-4.1 Discharge policy
- 5A:8-4.2 Appeal process for an involuntary discharge

**SUBCHAPTER 5. PROGRAM READMISSION POLICY****5A:8-5.1 Readmission guidelines****SUBCHAPTER 6. MONTHLY RENTAL FEE****5A:8-6.1 General requirements for computing monthly rental fee****SUBCHAPTER 7. FINANCIAL RESPONSIBILITIES OF  
RESIDENTS****5A:8-7.1 Financial responsibilities of residents****APPENDIX A****APPENDIX B****SUBCHAPTER 1. GENERAL PROVISIONS****5A:8-1.1 Purpose**

This chapter establishes the rules governing the operations, personnel, admission and discharge policies, and the general policies of the New Jersey Veterans' Transitional Housing Program (Veterans' Haven or "the program"), located on the grounds of the Ancora State Psychiatric Hospital in Winslow Township, New Jersey. The program is intended as a transitional housing program, with a semi-independent living component for homeless veterans.

**SUBCHAPTER 2. DEFINITIONS****5A:8-2.1 Definitions**

The following words and terms, as used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

"Admission" means the procedure for entering Veterans' Haven.

"Allowable deductions" means court-ordered payments such as child support, wage garnishments, and fines, plus an individual's personal needs deduction of \$100.00 per month.

"Assets" means any items owned by the resident or spouse either solely or jointly with others.

"Bank account" means an account opened independently by the resident after admission, provided that the resident has income and shall be liable for any monthly fee.

"Community reintegration phase" means that program involving the voluntary transfer of residents from learning basic vocational skills to using learned skills in community projects.

"Department" or "DMAVA" means the Department of Military and Veterans' Affairs.

"Dependent" means a resident's legal spouse or child, if the child either is under age 21 or is totally and permanently disabled.

"Designated contact person" means a person or persons identified by an applicant upon application to the program with whom messages for the applicant may be left. It shall be the responsibility of the applicant to maintain the accuracy of the address and telephone number of the applicant's designated contact person.

"Gross monthly income" means all income and/or revenue received by a resident for a given month and includes, but is not limited to, funds received for labor or services, Social

Security, pensions, aid and attendance, net rental income of property, and/or proceeds of business or enterprises and investments, not to include losses. Service-connected disability compensation funds shall not be counted as gross income.

“Homeless veteran” means a veteran who:

1. Lacks a fixed, regular, and adequate nighttime residence;
2. Stays in a primary nighttime residence that is:
  - i. A supervised public or private shelter designed to provide temporary accommodations;
  - ii. An institution that provides a temporary residence; or
  - iii. A public or private place not designed for, or normally used as a regular sleeping accommodation for human beings; or
3. Is doubled up in living quarters with a relative or friend.

“Resident” means an individual residing in Veterans’ Haven.

“Resident contract” means an agreement signed by a resident upon admission in which the resident agrees to follow the rules and the discipline of the program; to actively participate in his or her prescribed treatment plan as jointly developed by the resident and the treatment team; and to contribute to his or her own care and maintenance during residency.

“Resident contribution” means the monthly rental fee billed to the resident based upon 30 percent of the resident’s net monthly income, less court-ordered payments and a \$100.00 deduction for personal needs. The resident contribution shall be no more than \$300.00 per month per resident.

“Residents’ Liaison” means a resident who represents fellow residents on their issues. Makes recommendations related to residents’ rights and activities. The Resident Liaison is elected by current residents.

“Self-reclamation phase” means that program phase during which a resident learns or redevelops job skills and life skills while continuing to regularly attend prescribed counseling.

“Spouse” means the legally married partner of the resident.

“Superintendent” means the Superintendent of Veterans’ Haven.

“Treatment phase” means the initial evaluation phase of the program during which a resident adopts an individual treatment plan and executes a resident contract.

“Treatment plan” means a personal program developed by the treatment team and an individual resident based upon that team’s assessment of the resident’s needs.

“Treatment Team” means a team composed of a social worker, an addictions’ counselor, a vocational counselor and a nurse.

“USDVA” means the United States Department of Veterans Affairs.

“USDVAMC” means a United States Department of Veterans Affairs Medical Center.

“Veteran” means a person who has served on active duty other than for training and was separated other than dishonorably from the Armed Forces of the United States.

“Vocational counseling” means a process of vocational assessment through testing, interviews and observations, through which a resident is guided toward a career field.

“Vocational training” means career and educational programs that are tailored to residents individual needs and abilities that provide tools to make residents successful. This training shall include life skills, resume building, interview skills, and attitude improvement.

### SUBCHAPTER 3. PROGRAM ADMISSION POLICY

#### 5A:8-3.1 Admission eligibility criteria

(a) Persons eligible for admission to Veterans’ Haven:

1. Are homeless veterans;
2. If applicable, have completed certified detoxification programs for alcohol and drug abuse;
3. Express a willingness to become employable;
4. Execute a resident contract in the form set forth in Appendix A; incorporated herein by reference;
5. Shall have been screened medically, to include a tuberculosis test, and psychiatrically by the USDVAMC at Philadelphia, Pennsylvania; Coatsville, Pennsylvania; Wilmington, Delaware; Perry Point, Maryland; East Orange, New Jersey, or, Lyons, New Jersey and recommended by any of those facilities as stabilized and qualified for admission to Veterans’ Haven; and
6. Shall have medical and psychological needs that, in the determination of the Treatment Team, are capable of being addressed in a manner consistent with the social reintegration and employment goals, and within the reasonable and practical capabilities, of Veterans’ Haven.
  - i. In making this determination, the Treatment Team shall consider the following factors:

- (1) The applicant's medical and psychosocial behaviors;
- (2) The applicant's past medical history;
- (3) The applicant's present medical condition;
- (4) The applicant's mental acuity levels;
- (5) The treatments and care required to meet the applicant's individual health care and psychological needs;
- (6) Evidence of an applicant's continued, active substance abuse;
- (7) Whether the applicant poses a danger to self or others; and
- (8) The applicant's existing net monthly income shall not exceed \$900.00.

#### 5A:8-3.2 Preapproval screening

(a) Upon receipt of a referral from a USDVAMC pursuant to N.J.A.C. 5A:8-3.1(a)5, the Treatment Team shall schedule an approval screening interview with the referred applicant.

(b) During the approval screening interview, the Treatment Team shall make inquiry of the applicant as to the matters contained in the Pre-Admission Screening and Intake Upon Admission form set forth in Appendix B incorporated herein by reference and shall complete that form during the interview. At the conclusion of the interview, the applicant shall sign and date the form, which shall then constitute the applicant's application for admission to Veterans' Haven, as supported by the information required to be obtained by the Treatment Team in (c) below.

(c) During the preacceptance screening interview, the Treatment Team shall obtain from the applicant either the following information and documents, or the applicant's executed authorizations for the release of the following information and documents:

1. Copy of DD form 214 or Certificate of Honorable Service;
2. The applicant's social history, consisting of:
  - i. A copy of the applicant's birth certificate;
  - ii. Marital status verification; and
  - iii. Verification of residency;
3. Medical status, consisting of:
  - i. A completed screening report from the referring USDVAMC; and
  - ii. A medical history release request;
4. The applicant's financial status, consisting of:

- i. Copies of award letters from either the USDVA or the Social Security Administration; and

- ii. The applicant's statement of his or her income supported by copies of the applicant's most recent Federal and State Income Tax returns and such other documents as may be required;

5. Verification of funeral arrangements, if any are in place; and

6. A copy of the applicant's advance directive for health care, if any, such as:

- i. An advance directive;
- ii. A proxy directive;
- iii. An instruction directive; and/or
- iv. A combined directive.

v. The Treatment Team shall provide the applicant with information on how to execute an advance directive for health care if requested to do so by the applicant.

(d) Upon completion of the preapproval screening interview, the Treatment Team shall time-stamp, date, and prioritize the application for admission.

1. Application priority shall be based upon the applicant's availability to begin the program.

#### 5A:8-3.3 Rejection

If the Treatment Team rejects an applicant, the Superintendent shall provide written notice of denial and the reason for denial within 14 days to the applicant or the applicant's designated contact person.

#### 5A:8-3.4 Waiting list

(a) Approved applicants shall be placed on the bottom of the waiting list, and in order of time, date and priority assigned pursuant to N.J.A.C. 5A:8-3.2(d).

(b) The waiting list process is as follows:

1. There shall be no bypassing approved applicants on the waiting list except when bed availability is based on gender or when determined by the Treatment Team's professional assessment that the applicant is in serious need of the program and pursuant to N.J.A.C. 5A:8-3.2(d)1.

2. If an approved applicant refuses admission at the time offered, the applicant shall be placed at the bottom of the waiting list. If such an applicant is offered admission a second time and refuses, the applicant shall be taken off the list and barred from reapplying for a period of six months.

3. If an approved applicant cannot be reached either directly or through his or her designated contact person within five working days of having been determined to be

the next in line for admission, that veteran shall be placed at the bottom of the waiting list.

(c) The waiting list is a confidential document.

#### SUBCHAPTER 4. PROGRAM DISCHARGE POLICY

##### 5A:8-4.1 Discharge policy

(a) A resident shall be voluntarily discharged from Veterans' Haven:

1. When he or she has satisfactorily demonstrated to the Treatment Team readiness to return to independent living; or
2. When he or she no longer wishes to remain a resident.

(b) A resident may be involuntarily discharged when, in the determination of the Treatment Team, the welfare of staff, residents and visitors is threatened or when normal operation of the program is disrupted for the following:

1. Lewd or lascivious behavior;
2. Fraud or misrepresentation;
3. Violation of the terms of the resident contract;
4. For medical reasons to protect the welfare of the resident or other residents;
5. Acts resulting in an arrest and/or conviction for a felony; or
6. Verbal abuse of staff, residents, or visitors.

(c) A resident shall be involuntarily discharged for the following:

1. Use, possession, and/or distribution of alcohol or a controlled dangerous substance without a prescription;
2. The inability of Veterans' Haven to meet the medical, psychosocial, or safety needs of the resident as determined by the Treatment Team;
3. Intentional setting of fire;
4. Suicidal tendencies or attempts;
5. Self-inflicted bodily injury;
6. Gambling;
7. Willful destruction of property;
8. Failure to pay fees as required;
9. Physical abuse of staff, residents, or visitors; or
10. Possession of a weapon.

(d) Upon the Superintendent's determination that a resident shall be involuntarily discharged, the Superintendent or his or her designated representative personally shall provide the resident with written notification of the discharge stating the grounds thereof and the time and date by which the resident shall leave the premises, and advising the resident of his or her right to appeal pursuant to N.J.A.C. 5A:8-4.2.

(e) Involuntarily discharged residents shall leave Veterans' Haven within four hours. The Department will assist discharged residents in finding another program or accommodations at a shelter.

##### 5A:8-4.2 Appeal process for an involuntary discharge

(a) A resident who receives notification of being involuntarily discharged may appeal the discharge to the Residents' Liaison by submitting a written statement of the reasons against the discharge.

(b) The Residents' Liaison shall notify the Superintendent of the written appeal.

(c) The Treatment Team, in the event of an involuntary discharge based upon N.J.A.C. 5A:8-4.1(b), is authorized to recommend to the Superintendent that a resident be placed on probation for a period not to exceed 30 days.

(d) The Treatment Team shall hear the resident's appeal against discharge and shall make recommendations to the Superintendent within two business days.

(e) Upon the request of the resident, the Treatment Team shall disclose information relevant to the resident's appeal.

(f) The Superintendent shall affirm the discharge, reverse the discharge or conditionally reverse the discharge and shall report his or her decision to the Director of Veterans' Services.

(g) The Superintendent shall inform the resident and the Director of Veterans' Services within 24 hours of his or her decision.

(h) If the Superintendent affirms the discharge, the appeal will be forwarded to the Director of Veterans' Services within three business days.

(i) The Director of Veterans' Services shall respond to the resident within seven business days of receipt of appeal.

(j) The decision of the Director of Veterans' Services shall be final.

#### SUBCHAPTER 5. PROGRAM READMISSION POLICY

##### 5A:8-5.1 Readmission guidelines

(a) A resident who has been either voluntarily or involuntarily discharged from Veterans' Haven who is

eligible for admission pursuant to N.J.A.C. 5A:8-3.1 may be readmitted a maximum of one time to Veterans' Haven as determined by the Treatment Team on a case-by-case basis.

(b) Within five days of the readmission, the Treatment Team shall:

1. Provide a written evaluation of the individual with specific recommendations;
2. Complete a comprehensive treatment plan with the resident. The plan shall be more stringent than the previous plan; and
3. Schedule frequent and in-depth re-evaluations and case conferences with the resident.

4. Specialized services, programs, treatments or training;
5. Adaptive equipment;
6. Diagnostic services;
7. Other outside services as requested by the resident; and
8. Deductible fees not covered by medical insurance.

(b) The program shall not be responsible for any debts incurred by a resident including health care costs.

(c) All personal property of the resident is the responsibility of the resident. The program shall not be responsible and shall not reimburse a resident for loss or damage of personal items.

## SUBCHAPTER 6. MONTHLY RENTAL FEE

### 5A:8-6.1 General requirements for computing monthly rental fee

(a) The monthly rental fee shall be in accordance with N.J.A.C. 5A:8-2.1.

(b) At the time of admission, and on the fifth day of each month thereafter, the computation of the monthly rental fee is calculated with the resident. The calculation shall be determined by the review of award letters from either U.S. Department of Veterans Affairs or the Social Security Administration. Income from all sources shall be disclosed. Income shall be verified by submitting the most recent copy of the Federal and State Income Tax returns and such other documents as may be required.

(c) Payment of the monthly rental fee is due the fifth business day of each month.

(d) At the time of discharge, there will be no reimbursement to the resident for pre-paid monthly rental fees.

## SUBCHAPTER 7. FINANCIAL RESPONSIBILITIES OF RESIDENTS

### 5A:8-7.1 Financial responsibilities of residents

(a) The resident shall be responsible for all financial obligations he or she incurs for services not provided by the program. This includes, but is not limited to:

1. Transportation;
2. Medical appointments;
3. Hospitalization;

## APPENDIX A

### VETERANS' HAVEN

New Jersey Department of Military & Veterans' Affairs  
PO Box 80  
202 Spring Garden Road  
Winslow, NJ 08096-0080  
Phone: (609) 561-0269 FAX (609) 561-7604  
RESIDENT CONTRACT

I \_\_\_\_\_, AGREE TO COMPLY WITH ALL OF THE BELOW STATED ITEMS.

1. I ACCEPT THE RESPONSIBILITY OF OBSERVING THE RULES LISTED BELOW AND TO TOTALLY DEVOTE MYSELF TO ABIDING BY ALL ASPECTS OF MY TREATMENT PLAN DEvised FOR ME BY THE VETERANS' HAVEN TREATMENT TEAM, INTO WHICH I WILL HAVE INPUT.
2. NO ALCOHOLIC BEVERAGES PERMITTED.
3. NO ILLEGAL DRUGS PERMITTED.
4. NO WEAPONS OF ANY KIND PERMITTED.
5. SMOKING ONLY IN DESIGNATED AREAS OUTSIDE THE BUILDING. VETERANS' HAVEN IS A SMOKE-FREE FACILITY. NO EXCEPTIONS!
6. NO PHYSICAL OR VERBAL ABUSE WILL BE TOLERATED OR PERMITTED.
7. NO GAMBLING SHALL BE TOLERATED.
8. DURING THE ORIENTATION PHASE (A PERIOD OF NOT LESS THAN THIRTY (30) DAYS) OF MY RESIDENCY, I SHALL NOT LEAVE THE PROGRAM'S FACILITY FOR ANY REASON EXCEPT BONA FIDE EMERGENCIES WHICH MAY ONLY BE APPROVED BY THE SUPERINTENDENT (OR HIS OR HER DESIGNEE) OF THE PROGRAM.
9. I WILL ALSO COMPLY WITH ALL OF THE RULES AND REGULATIONS OUTLINED IN THE RESIDENT'S HANDBOOK AND AS SET FORTH IN N.J.A.C. 5A:8.

I UNDERSTAND THAT A VIOLATION OF ANY OF THE ABOVE STATED RULES MAY RESULT IN MY REMOVAL FOR THE PROGRAM AND MAY MAKE ME LIABLE FOR PROSECUTION BY CIVIL AUTHORITIES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
WITNESSED BY

\_\_\_\_\_  
DATE WITNESSED

## APPENDIX B

### PRE-ADMISSION SCREENING AND INTAKE UPON ADMISSION

Date of Interview: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

DECISION:

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

Accepted and May Enter As Soon As A Bed Is Available, If Certain Conditions Are Met: \_\_\_\_\_

Accepted, But Placed On a Delayed Acceptance List, Because Requires Further Treatment: \_\_\_\_\_

DATE THAT POINT OF CONTACT (POC) NOTIFIED: \_\_\_\_\_

#### I. Personal Information:

1. Name: \_\_\_\_\_ 2. SSN: \_\_\_\_\_
3. Age: \_\_\_\_\_ DOB: \_\_\_\_\_ 4. Ethnicity/Race: \_\_\_\_\_
5. Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_
6. Social Worker/POC (current residence/phone#): \_\_\_\_\_

7. Date of Discharge: \_\_\_\_\_  
POC (discharge address/phone #): \_\_\_\_\_
8. How long have you been homeless? \_\_\_\_\_  
Last residence: \_\_\_\_\_
9. Branch of Service and years served: \_\_\_\_\_  
Combat veteran? \_\_\_\_\_ If yes, where? \_\_\_\_\_
10. Type of Discharge: \_\_\_\_\_ RE Code (if known): \_\_\_\_\_  
Reason, if less than honorable discharge: \_\_\_\_\_

#### II. Substance Abuse Information:

1. Drug(s) of Choice: \_\_\_\_\_  
Period(s) of Use: \_\_\_\_\_
2. Last Use and Triggers: \_\_\_\_\_
3. Longest Period(s) of Staying Clean: \_\_\_\_\_

How did you maintain sobriety? \_\_\_\_\_

4. How many times have you been in rehab(s)? \_\_\_\_\_  
Have you received substance abuse treatment elsewhere (e.g., MICA Program, half way house, day program, outpatient visits)? \_\_\_\_\_
5. Do you attend/benefit from AA/NA meetings? \_\_\_\_\_  
Do you have a home group and/or sponsor(s)? \_\_\_\_\_  
Where do you go for support (e.g. family, friends, club, religious community)? \_\_\_\_\_
6. Do you have hobbies or special areas of interest that do not involve drug(s) use? \_\_\_\_\_
7. Do you have any other compulsive behavior(s) (e.g. nicotine, food, sex, work, gamble)? \_\_\_\_\_

#### III. Mental Health/Medical Issues:

1. Do you have a psychiatric diagnosis/emotional problems? \_\_\_\_\_  
Are you receiving or do you need therapy for this? \_\_\_\_\_
2. Do you have a medical diagnosis/physical problems? \_\_\_\_\_
3. Are you taking medication(s)? \_\_\_\_\_  
Are they working? \_\_\_\_\_
4. Are you receiving any other treatment? \_\_\_\_\_  
Is it working? \_\_\_\_\_
5. Have you any known allergies? \_\_\_\_\_
6. Are you recovering from severe physical or sexual abuse? \_\_\_\_\_  
PTSD? \_\_\_\_\_
7. Have you ever attempted suicide? \_\_\_\_\_  
Have you ever had suicidal or homicidal ideation? \_\_\_\_\_

Do you have the desire and means to harm yourself or others now? \_\_\_\_\_

8. Do you hear voices within your head? \_\_\_\_\_
9. Have you been tested for Hepatitis? \_\_\_\_\_ Results? \_\_\_\_\_

Have you been tested for TB? \_\_\_\_\_ Results? \_\_\_\_\_

Have you been tested for HIV? \_\_\_\_\_

10. How would you rate your mental health/physical health? \_\_\_\_\_

Interviewer(s) observation(s) of individual's mental health and physical health? \_\_\_\_\_

#### IV. Educational/Vocational History:

1. What education and vocational training have you had? \_\_\_\_\_  
Are you a high school graduate? \_\_\_\_\_

- Do you hold any licenses or certifications? \_\_\_\_\_
2. When did you last work? \_\_\_\_\_  
 What kind of job was it? \_\_\_\_\_  
 Was it part-time, full-time, or temporary? \_\_\_\_\_  
 Why did you leave? \_\_\_\_\_ Can you return? \_\_\_\_\_
3. What is the longest job you ever held? \_\_\_\_\_  
 Did you like or dislike it? \_\_\_\_\_ Would you return? \_\_\_\_\_

4. What do you consider to be your primary occupation? \_\_\_\_\_
5. If accepted to Veterans' Haven, what would you want to do educationally and/or vocationally? \_\_\_\_\_

V. Financial/Legal Issues:

1. Do you have income (e.g. VA Disability, unemployment compensation, Social Security)? \_\_\_\_\_  
 Do you have a checking and/or savings account? \_\_\_\_\_  
 Do you own property? \_\_\_\_\_
2. Do you have financial obligations (e.g. child support, unpaid student loan(s), fine(s))? \_\_\_\_\_
3. Do you have any legal problems (e.g. arrested and convicted for a crime, been incarcerated, required to pay court appointed restitution, been on probation or parole, have an outstanding warrant for your arrest)? \_\_\_\_\_  
 Have you been arrested and convicted for assault or domestic abuse? \_\_\_\_\_  
 Have you ever been arrested and convicted under Megan's Law or a similar law against child molestation? \_\_\_\_\_
4. Do you have a driver's license? \_\_\_\_\_ If yes, what state? \_\_\_\_\_  
 If no, why not (e.g. DWI or DUI)? \_\_\_\_\_

VI. Applicant Narrative:

1. What are some of your strong points? \_\_\_\_\_  
 Some of your weak points? \_\_\_\_\_
2. What do you see yourself doing in the next two years? \_\_\_\_\_  
 \_\_\_\_\_  
 What is your biggest obstacle? \_\_\_\_\_

3. Any question(s) for the Treatment Team and Nurse? \_\_\_\_\_

VII. Interviewer(s) Observation(s)/Comments:

VIII. Applicant Statements:

1. I understand that, if I fail to answer any of the above questions completely and truthfully, then I will not be accepted or, if accepted, I will be discharged prematurely from Veterans' Haven.

Initials: \_\_\_\_\_

2. I understand that, if accepted to Veterans' Haven, I will be put on a Waiting List and that it is my responsibility to maintain contact with the Veterans' Haven Treatment Team at least every other week and that my failure to do so may be reason for removal from the Waiting List. If I am removed from the Waiting List, then I must reapply for admission. Furthermore, the Treatment Team may grant acceptance, but pending compliance with a request for additional interviews or information that would support admission to this residential program.

Initials: \_\_\_\_\_

3. I understand that, if admitted to Veterans' Haven, there is an Orientation Period of up to 90 days (in practice, usually 30-45 days). During this time, I may be Involuntarily Discharged, because I violated Veterans' Haven Rules and Policies, failed to adhere to my Treatment Plan, proved incompatible with Veterans' Haven as determined by the Treatment Team and Administration, or failed to disclose complete and accurate information upon admission.

Initials: \_\_\_\_\_

4. I understand that, if admitted to Veterans' Haven, I will be required to perform personal chores and collective duty assignments related to Veterans' Haven function and operation. Failure to complete these chores and assignments will be cause for disciplinary action/dismissal.

Initials: \_\_\_\_\_

5. I understand that, if admitted to Veterans' Haven, I must abide by Veterans' Haven rules and policies. These rules and policies are subject to change with verbal and/or written notice.

Initials: \_\_\_\_\_

Interviewee Signature: \_\_\_\_\_